EXHIBIT

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5 D	MEDICAL REST		1:1-1	<u>_</u>	a •
	•	./	0 1	SBC	
	: -			INSTITU	TION
*	*				
<i>-</i>	₹ -	W5919	}		
Emory mell		1D #	<u> </u>	C	D.O.B.
NAME	× **		•	*	
1 100					3 .
12/21/98					F(4)
DATE:	V.	•	ř E		
	•	. (5)	200	ä	
TO:	NFF)	3			
(0.0.0. 02.00		1	ton		inal .
The above named inmate has been de	etermined to have the foll	owing needs/restric	tions due to a o	oem Inemuc	icai
condition:					
	DATE	(FROM)	-1	OF	
TYPE:	· ·			0(€)	5
NO WORK STATUS					
•			-		_
LIGHT WORK STATUS : :			0.00		_
BOTTOM BUNK			_		
SPECIAL EQUIPMENT (DESCRIBE BEL	(WO		/ .		1.
SPECIAL ECIDIF MILITY (COST	1 1-0		/ 10	od.1)
Bottom tree	12/21/98		. (<u>0</u>	The same	_/
OTHER (DESCRIBE BELOW)	ė.				
			•	•	
TRANSPORTATION RESTRICTION	<u>S:</u>			2	
2* 		,			·*)
NO WAIST, CHAINS			-		
NO HANDCUFFS		35	* 8		
NO ANKLE RESTRAINTS	i		 17		
18.					 .
VEHICLE WITH CAR SEATS					
MÈDICAL VAN					
MEDICAL REASON:	••		V•C At G	. ` `	· ·
The second secon	000 - C1 T1	m knonr	oblemo ?	c stai	a.)
1st documented	MCI-C) -1				·
Climbing of me	dical proble	200			
Chantain John	200	*			
				23	· ·
*		1/1		^	
	· Nin	1 DATE: 12/21	98 AT	LIME: 3)M——
SUBMITTED BY: CROMOMO	MO/PANE	£ (>	1 1110		200
יוער אוים,	NAT THUS	DATE:	THOM.	TIME _	
REVIEWED BY:	HSA //	DATE: 12-0	14/98	TIME:	7-1.M
APPROVED BY	- Indicated	DATE	V/1"	I UAT⊂-	
SITEM	EDICAL DIRECTOR	:			
. ://	1 St Man white and seal to				